

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002349**

GENERATOR (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility		SFUND RECORDS CTR 999000350
ALUMINUM CO. OF AMERICA VERNON WORKS Name EPA NO. C A D 0 7 4 1 2 6 6 8 1 Address 5151 ALCOA AVE. Phone No. 588-6141 City, State, Zip VERNON, CA. 90058		OPERATING INDUSTRIES INC. Name EPA NO. C A D 0 8 0 0 1 2 0 2 4 Address 900 N. POTRERO GRANDE DR. City, State, Zip MONTEREY PARK, CA.		CHEMICAL WASTE MANAGEMENT INC. Name EPA NO. C A T 0 0 0 6 4 6 1 1 Address P.O. BOX 1104 430 W. ELM AVE. City, State, Zip COALINGA, CA. 93210		

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY #7		⑦ EX. HAZ. WASTE PERMIT NO.		⑧ GENERATING PROCESS ALUMINU FABRICATION	
LIST COMPONENTS:		CONC. UPPER	RANGE LOWER	UNITS	
⑨ A.				<input type="checkbox"/> % <input type="checkbox"/> ppm.	E.
B.				<input type="checkbox"/> % <input type="checkbox"/> ppm.	F.
C.				<input type="checkbox"/> % <input type="checkbox"/> ppm.	G.
D.				<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material 100 %
⑩ WASTE PROPERTIES: pH 7 <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen					
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other ALUMINUM OXIDES & WATER					
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other					

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *K. Sump* Signature of Authorized Agent and Title **12-11-81** Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)		⑮ PICK-UP DATE 12-11-81	
⑭ NAME ASBURY OIL CO.		TIME 930 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
EPA NO. C A D 0 2 8 2 7 7 0 3 6		⑯ <i>P.B. Lewis</i> Signature of Authorized Agent and Title 12-11-81 Date	
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392			
CITY, STATE, ZIP Gardena, California 90249			

TSD FACILITY (FACILITY OPERATOR MUST COMPLETE)		⑰ NAME OPERATING TWO INC		⑱ QUANTITY (If Measured) 100 BBL	
EPA NO. C A T 0 8 0 0 1 2 0 2 4		⑲ STATE FEE (If Any)		⑳ HANDLING OR DISPOSAL METHOD:	
PHONE NO.				<input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:					
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:					
㉒ NAME		EPA NO.		㉓ <i>E. Halch</i> Signature of Authorized Agent and Title 12-11-81 Date Accepted	